

“GETTING AHEAD” CLASS APPLICATION

Name: _____ DOB: _____

Spouse Name (if applicable): _____

Address: _____

Phone (cell): _____ Email: _____

Please list names of ALL adults in household:

Please list the children in household:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Do your children live with you? Y N If not, where do they live?

Do you have visitation rights? Y N Are other children in household? Y N

REFERRAL

I was referred to *Tullahoma Bridges Out of Poverty* by: _____

Phone: _____ (This person may be contacted to discuss your situation)

EMPLOYMENT

Place of employment: _____

Job title: _____ Length of Employment _____

EDUCATION

Highest grade completed (circle) _____ Assoc. BA/BS Masters

Currently enrolled in (Education Program) _____

Date enrolled _____ Anticipated Completion date _____

INCOME

Please circle all sources of income:

Wages TANF SSI Unemployment Child Support

Other _____

Total monthly income for all sources \$ _____

TRANSPORTATION

Do you have a working vehicle? Y N or Do you use public transportation? Y N

Other: _____

CURRENT SERVICE AGENCIES

Please check the agencies you are currently working with:

<input type="checkbox"/>	Head Start
<input type="checkbox"/>	Energy Assistance (United Way, LIHEAP, Good Samaritan, etc.)
<input type="checkbox"/>	Food Stamps/ SNAP/WIC
<input type="checkbox"/>	Free/Reduced school lunches
<input type="checkbox"/>	Academic Financial Aid
<input type="checkbox"/>	TANF (Tennessee)
<input type="checkbox"/>	Salvation Army
<input type="checkbox"/>	DRS Vocational Rehab
<input type="checkbox"/>	Adult Education (GED)
<input type="checkbox"/>	Drug Court
<input type="checkbox"/>	Celebrate Recovery
<input type="checkbox"/>	Other:

Place a check next to the areas where you are experiencing difficulties:

___ Employment

___ Isolation

___ Parenting

___ Transportation

___ Housing

___ Legal

___ Training/Education

___ Alcohol/Drugs

___ Healthcare Costs

___ Budgeting

___ Dental/Vision

___ Boundaries

I certify that the following are true (Check):

___ I do not receive disability assistance, or I would like to discontinue disability assistance.

___ I am not in a major crisis (untreated mental illness or drug/alcohol addiction, domestic violence situation, homeless); I am fairly stable.

___ I give permission for Bridges staff to talk to referring source about participant's life situation, strengths and barriers

___ I am willing to work with others to become self-sufficient, i.e. independent of public assistance

___ I am willing to participate in an interview with Bridges staff. It is my responsibility to arrange childcare during the interview.

___ I am willing to commit to a 18-20-week training course. (Approx. 3 hrs., one night per week, transportation, childcare & dinner provided)

___ I agree to a background check knowing that the information obtained will not be used to determine acceptance into the class, but for safety of all participants.

Please provide the names and contact information of any professionals you receive ongoing support services from:

SERVICE/PROFESSIONAL	Contact Name & Telephone Number
Alcohol/Drug Treatment	
Counselor/Therapist	
Vocational Rehab	
Other:	

PHOTO/VIDEO RELEASE

If you are selected as one of our participants/Investigators do you authorize Bridges staff to use pictures and videos of yourself and your children for promotion and inspiration to others? **Y** **N** If no, explain

NOTE:

****We will be serving a meal. If you have any food allergies it is your responsibility to ask about ingredients. We are not responsible for any allergy or medical reaction you may have.***

When you sign this page, you are giving permission for us to exchange information with the above people if necessary. Information will be used to determine eligibility for the Tullahoma Bridges Out of Poverty initiative and track progress toward goals.

I further understand that a background check will be taken for informational purposes but will not solely disqualify me for participation.

Signature _____ Date _____

This is an application for the *Getting Ahead Training*; it **does not** guarantee you will be accepted. You will be contacted for an interview approximately one month prior to the next class starting. If your contact number changes after you have submitted this application, you are responsible for informing the Bridges staff as soon as possible.

Thank you!

Please mail, email, or deliver to:

**Tullahoma Bridges Out of Poverty
Attn: Getting Ahead
201 S. Polk St.
P.O. Box 687
Tullahoma, TN 37388**

Scott Roberts, Executive Director
(931) 307-3381
scott@tullahomabridges.org

For More Information Visit Our Website at:
www.tullahomabridges.org

Background Check Authorization

Print Name: _____

Former Name(s) and Dates Used: _____

Current Address: _____

Previous Address: _____

Social Security Number: _____

Date of Birth: _____ **Telephone Number:** _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Tullahoma Bridges Out of Poverty** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include but is not limited to the following areas: history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Tullahoma Bridges Out of Poverty** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. **Tullahoma Bridges Out of Poverty** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____